GUEST EDITORIAL

DISPROPORTIONATE HEALTH RISKS IN MINORITIES: DOES MEDICAL EDUCATION NEED TO CHANGE?

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As minority physicians, we are all well aware of the disproportionate health risks suffered by the poor, and specifically the black poor. Excess morbidity and mortality throughout the life stages due to increased infant mortality, homicide, AIDS associated with intravenous drug abuse, and chronic disease have been well documented. As a recent graduate (MD, Emory 1984) and as a clinician in public health who encounters daily the "at risk underclass," I was asked to assess whether medical education today truly addresses this growing health problem.

To make this assessment, the precipitating factors must first be sorted out. As I see it, the root causes of these disproportionate health risks are intricately interwoven (Figure). Poverty may be the single most important factor, as the paucity of resources facilitates the infiltration of more direct contributors such as teenage pregnancy, drug use, and violence. However, race is definitely a factor, as blacks are disproportionately poor. Racism is also a factor, as whites outstrip blacks in earning capacity at all stages of identical education.

The teenage pregnancy epidemic contributes in several ways to disproportionate health risks, as it leads directly to poverty as well as to infant mortality. Pregnant teens are less apt to get prenatal care and more apt to have low birthweight babies, which in turn leads to increased rates of infant mortality. Ninety percent of teen mothers are single, and babies are born into female-headed households and usually into poverty. Another serious consequence of teenage pregnancy made possible by the welfare system is the erosion of the black family. The system allows this teen mother to have yet another child, to move into her own apartment, and to continue this cycle of hopelessness. Drug use is rampant throughout all levels of society from the upper class cocaine users to the lower class crack addicts. Poor addicts, however, are more likely to disrupt families and destroy communities, as they turn to crime, violence, and prostitution to support their habits. The devastating results of young women hooked on drugs are the babies born addicted to these same drugs, critically ill, at risk for AIDS, and abandoned in hospitals as "boarder babies," or worse.

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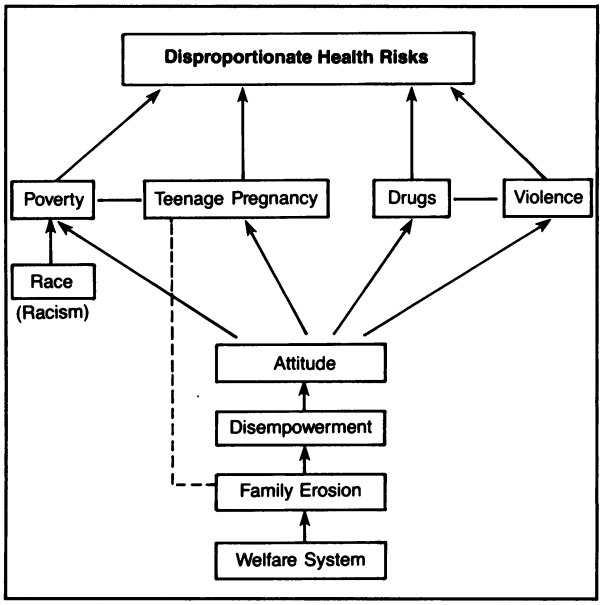

Figure 1. Root causes of disproportionate health risks.

Perhaps the most fundamental but nebulous root cause of disproportionate health risks is that of attitude, being present oriented, with no thought to the future. I see this same attitude in the public health clinics where I work, especially in the young men in the sexually transmitted disease (STD) clinics. This pleasure-oriented attitude appears to be born of hopelessness and disempowerment, or lack of control over one's destiny. It is the perception that what one does makes no difference in the long run anyway, so why try? This disempowerment is worsened by the erosion of the family, an erosion facilitated by the welfare system, which has eased the near total disappearance of the adult black male from the underclass family. If there is no male role model to show the young boy that the future is worth waiting for, how can he be anything but present oriented, pleasure oriented, and peer group oriented?

The implication here is that to reduce these disproportionate health risks, better medical care is not the only answer. This is what medical education needs to reflect. These causes are now more social and economic than medical. Medical schools must devote more attention to the subject of, the recognition of, and the treatment of addictions and addicts. Crack addiction is indeed a plague upon the land for which we have no cure. Research must be encouraged to find this cure, but better yet, more attention must be paid to public health, preventive medicine, how to lower the risks, and how to prevent that first hit.

Somehow this fundamental feeling of disempowerment must be changed. The underclass must somehow be empowered to know that they can control their own destiny and to feel that they can make a difference. The first step is acknowledgment of individual responsibility for individual actions.

Those who decimate our communities using genocide and racism as their catchall culprit can no longer be excused or tolerated. There are still good people left in these communities, the silent majority held hostage by this most violent element. This is unfair. If these communities can not be cleaned up, these poor working families should be moved out and subsidized to buy their own homes. Home ownership strengthens family unity. Public housing and welfare have contributed significantly to the erosion of the black family and these must be phased out if the underclass is to achieve empowerment.

Education for employability can then prevent the need for welfare. Every child is deserving of and should be guaranteed a first rate education based on the ability to perform not on whether the parents can afford it. Education may indeed be the most important and final solution, as it instills a future-oriented attitude from the earliest years.

America owes the underclass whatever assistance is necessary to save the next generation. We cannot let America off the hook, and, collectively, we must fight for this assistance. Of course, room for minorities must be set aside in education and employment today as well. But we, as individuals, can share in the teaching of new attitudes. We can lend a hand up, we can counsel them whenever their lives touch ours, we can precept them through our work place, serve as role models and mentors, give scholarships through our colleges, and participate in the many helping groups that try to make a difference.

In summary, minorities do indeed suffer disproportionate health risks, but it is no longer enough to provide more and better medical care. Medical education must reflect that. Root causes must be explored and solutions introduced to lower these risks. The underclass is growing and time may be running out to save the next generation. We in the medical community have an obligation to be collectively and individually involved in this struggle for the very future of our race and our nation.